

WORKPLACE MONITORING PLAN

WORKPLACE INFORMATION

Organization:

Shop or Work Center:

Location:

Supervisor:

Phone:

No. of Workers:

Male:

Female:

Shop Operations:

Potential Hazard	Intermittent or Continuous	Workers Involved	Controls

EXPOSURE ASSESSMENT

Are employees potentially exposed to toxic chemicals or harmful physical agents?

Yes ____ No ____

If no, provide rationale:

Signed:

Date:

Title:

[illegible]